

Y

PROGRESS SHEET

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4188761

NAME Town of Rockford c/o Paul Sifford				TELEPHONE NO. 509-291-4176 fx:291-5733 (PSifford hm: 208-686-0280)						
ADDRESS P.O. Box 49				CITY Rockford		STATE Washington		ZIP CODE 99030-0049		
ASSIGNED TO				TELEPHONE NO.				DATE ASSIGNED		
ADDRESS				CITY		STATE		ZIP CODE		
APPLICATION NO. G3-30420				PERMIT NO.		CERTIFICATE NO.				
DATE AMENDED				DATE CANCELLED		W.R.I.A. 56 – Spokane County				
APPLICATION										
DATE APPLICATION RECEIVED April 9, 2004				INITIAL \$10.00 FEE RECEIVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DATE FEE RECEIVED 4-9-2004 CK #: 6973				
STATEMENT OF ADDITIONAL EXAMINATION FEE \$				DATE SENT		DATE RECEIVED				
DATE RETURNED FOR COMPLETION OR CORRECTION						DATE RECEIVED				
TEMPORARY PERMIT										
APPROVED BY						DATE ISSUED				
PUBLICATION										
APPROVED BY						DATE NOTICE SENT				
PROTESTED BY & DATE										
DATE AFFIDAVIT RECEIVED CHECKED BY TIME EXPIRED DATE AMENDED NOTICE SENT DATE AFFIDAVIT RECEIVED TIME EXPIRED										
DEPARTMENT OF FISH & GAME REPORT										
APPROVED			PROVISO				PROTEST			
EXAMINATION										
DATE EXAMINATION MADE		MADE BY		DATE REPORT OF EXAM. WRITTEN			WRITTEN BY		CHECKED BY	
DATE PERMIT FEE REQUESTED				AMOUNT DUE				DATE RECEIVED		
PERMIT										
PERMIT APPROVED BY		DATE APPROVED			PERMIT NO.			DATE ISSUED		
BEGINNING OF CONSTRUCTION										
DATE NOTICE SENT				DATE FILED			EXTENSION FEE			
EXTENDED TO					EXTENDED TO					
WELL DRILLER'S AND/OR CONSTRUCTION REPORT										
DATE SENT					DATE FILED					
COMPLETION OF CONSTRUCTION										
DATE NOTICE SENT				DATE FILED			EXTENSION FEE			
EXTENDED TO					EXTENDED TO					
PROOF OF APPROPRIATION										
DATE SENT		DATE FILED			EXTENSION FEE			EXTENDED TO		
DATE CERT. FEE REQUESTED		AMOUNT DUE		DATE RECEIVED		DATE APPROVED FOR CERTIFICATE			APPROVED BY	
CERTIFICATION										
PROOF EXAM REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO				CERTIFICATE NUMBER				DATE ISSUED		

cc: **Department of Health**
Spokane County Health District